

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41704

1. PLACE OF DEATH

County Newton Registration District No. 6/14
Township Granby Primary Registration District No. 5-8/16
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME Helen Grace Haase

(a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Andrew Haase
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	6	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

13. NAME Tom Floyd

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Alice Crawford

16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

17. INFORMANT Tom Floyd
(ADDRESS) Neosho Mo Rt 3

18. BURIAL, CREMATION, OR REMOVAL Maness Cemetery DATE Dec 14th, 1931
PLACE DATE

19. UNDERTAKER Bigham's
(ADDRESS) Neosho, Mo.

20. FILED 12-14-1931 W. P. Polus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13th, 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at, m.
The principal cause of death and related causes of importance were as follows:

Probably Cerebral Hemorrhage
no violence

Other contributory causes of importance: SEA

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify James D. ... M.D.
(Signed) James D. ...
(Address) Granby, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

